

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILE NO.

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
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13		12					63						
14		13					64						
15		14					65						
16		15					66						
17		16					67						
18	1	17					68						
19		18					69						
20		19					70						
21		20					71						
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42		41					92						
43		42					93						
44		43					94						
45		44					95						
46		45					96						
47		46					97						
48		47					98						
49		48					99						
50		49					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						